

MULTIPLE DEPENDENT CLAIM
FEEDBACK CULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL 10/542301

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5		1				
6		1				
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TOTAL IND	2					
TOTAL DEP		7				
TOTAL CLAIMS	2	7				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND						
TOTAL DEP						
TOTAL CLAIMS						